

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 605294

1. Corporation Name

BELLECRAFT INDUSTRIES, CORP.

Principal Place of Business

Mailing Address

4227 MERCHANTILE AVE. (SAME)  
NAPLES, FL 34104

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/78

2. Principal Place of Business

2a. Mailing Address

21 4227 MERCHANTILE AVE.

26 SAME

4. FEI Number

59-1910288

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOREN A. BELL  
4227 MERCHANTILE AVE.  
NAPLES, FL 34104

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME LOREN A. BELL  
STREET ADDRESS 4227 MERCHANTILE AVE  
CITY-ST-ZIP NAPLES, FL 34104

☐ DELETE

TITLE M  
NAME WILLIAM SMITH  
STREET ADDRESS 4227 MERCHANTILE AVE  
CITY-ST-ZIP NAPLES, FL 34104

☒ DELETE

TITLE S  
NAME ROBERTA E BELL  
STREET ADDRESS 4227 MERCHANTILE AVE  
CITY-ST-ZIP NAPLES, FL 34104

☐ DELETE

TITLE T  
NAME DOREEN SMITH  
STREET ADDRESS 4227 MERCHANTILE AVE  
CITY-ST-ZIP NAPLES, FL 34104

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES./SEC.  
1.2 NAME LOREN A. BELL  
1.3 STREET ADDRESS 4227 MERCHANTILE AVE  
1.4 CITY-ST-ZIP NAPLES, FL 34104

☒ Change

☐ Addition

2.1 TITLE V/T  
2.2 NAME ROBERTA E BELL  
2.3 STREET ADDRESS 4227 MERCHANTILE AVE  
2.4 CITY-ST-ZIP NAPLES, FL 34104

☒ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath: that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/98

Date

941-434-2355

Daytime Phone #

CR2E034 (10/97)